

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Marbles, LLC

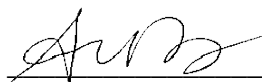
CASE NO.: 17-03308

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS
FOR CALENDAR QUARTER ENDING SEPTEMBER 30, 2018

1. Were any payments required to be made under the plan this past calendar quarter? yes_____ no X
2. If yes, were all required payments made? yes_____ no_____
3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, Amanda Demby, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 10/17/2018



For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration).

Amanda Demby

Managing Director of Province, Inc. acting as Liquidating Trustee

EXHIBIT "E"

U. S. TRUSTEE QUARTERLY FEE STATEMENT
Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Marbles, LLC


CASE NO.: 17-03308

FOR CALENDAR QUARTER ENDING SEPTEMBER 30, 2018

1.	MONTH	DISBURSEMENTS*
	<u>July 2018</u>	<u>\$ 0.00</u>
	<u>August 2018</u>	<u>\$ 0.00</u>
	<u>September 2018</u>	<u>\$ 0.00</u>
	TOTAL DISBURSEMENTS FOR QUARTER	<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(A)(6)	<u>\$ 325.00</u>
3.	QUARTERLY FEE PAID (Attach proof of payment)	<u>\$ 325.00</u>
4.	AMOUNT OF UNPAID FEES (IF ANY)	<u>\$ 0.00</u>

I, Amanda Demby, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 10/17/2018



For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and
capacity of person signing
this Declaration).

Amanda Demby

Managing Director of Province, Inc. acting as Liquidating Trustee

* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

EXHIBIT "D"